

Mental Health Update

July 1, 2005

FAHC Contract Signed; Amendment Proposed

The Fletcher Allen Health Care contract for psychiatric services at Vermont State Hospital was signed on Thursday. This contract represents a tremendous step forward for the hospital and brings much needed expertise and stability to the hospital's psychiatry service.

Recognizing that the section of the contract addressing "Experimental/Investigative Care" has caused concern, the Health Department will discuss a possible amendment to the contract at the next meeting of the Vermont State Hospital Governing Body. FAHC has agreed that a full discussion of this important issue is warranted, that processes and procedures should be developed to protect patients' rights and safety, and that an amendment would be welcome to clarify the role and conduct of any research. The Health Department is proposing the following substitute language as a contract amendment, with the intent that any final language be proposed after stakeholder review and input:

Academic Involvement

As an academic institution, Contractor is expected to provide ongoing educational support and inservice training for psychiatric staff at the facility, providing academic exposure to the latest research and clinical developments.

Any research proposal developed by Contractor that involves VSH patients must be consistent the state's goals of providing safe and appropriate care that is community-based, non-coercive and consumer-driven. Any proposal shall be subject to approval by the Commissioner of Health.

It is understood and agreed that the Commissioner will not approve any research involving experimental/investigational treatment of VSH patients unless and until, after consultation with appropriate stakeholders, including the VSH Governing Body and the State Adult Mental Health Program Standing Committee, comprehensive policies and procedures are in place governing the review, oversight and monitoring of such studies, including policies pertaining specifically to informed consent in involuntary settings.

Prior to the Governing Body meeting, feedback on this language is welcome and may be addressed to John Howland Jr. in the Commissioner's Office (howland@vdh.state.vt.us).

Transportation and Restraint

Final draft guidelines for transport of people involuntarily committed under Vermont's mental health statute have been disseminated. The principal providers of involuntary transport are the 14 county sheriff's departments, and the guidelines would change some aspects of the way sheriffs' deputies provide that transport, particularly with respect to how restraints are used. The

Agency of Human Services' current contract with the sheriffs' departments is being extended for three months to allow further discussions about new contract language regarding the 2004 legislation specifying that involuntary mental health transportation must prevent trauma, respect privacy, and be the least restrictive, but safe, means necessary.

Hospitals, Department Staff Discuss Transport, Forensics & Evaluations

Representatives from the six hospitals designated for involuntary psychiatric treatment meet monthly with Department staff to discuss issues and to develop policies, plans and procedures that will become part of our state system of care. At the most recent meeting, on June 21, agenda items included:

- The revised statute regarding transportation of involuntary patients: This impacts Designated Hospitals' programs when they transport an inpatient to an outside appointment or to court. The hospitals will provide a draft policy for review and discussion at the next meeting.
- The change to the forensic psychiatric examinations allowing other inpatient programs besides the Vermont State Hospital to provide treatment during the course of a forensic evaluation: The Department will draft standards and procedures for such admissions and to circulate them for feedback at the next meeting. The group agreed that inpatient treatment for these individuals would be clinically determined in the same way as treatment for non-forensic patients.
- Ongoing agenda items include an update on the Futures Project, the progress of the Designated Hospital Medical Directors' weekly inpatient systems management meeting, the impact of the Medicare prospective payment system (PPS) on the hospitals, feedback from the Designated Agency emergency services and the CRT representatives to this group, and individual updates from each hospital.

Employment Services

The Department of Vocational Rehabilitation recently received a \$500,000, four-year Comprehensive Employment Opportunities grant from the Centers for Medicare and Medicaid Services. The funds are to be used to build comprehensive approaches to removing employment barriers by forming linkages between Medicaid services and other non-Medicaid programs, and the priorities for the project are established annually by the Governor's Council for the Employment of People with Disabilities. Based on awards that followed a request for proposals from the state's Community Rehabilitation and Treatment (CRT) programs, Howard Center for Human Services and Northeast Kingdom Human Services will each receive \$25,000 in project funding over the course of 12 months for enhancements of employment-support services for consumers and for outreach to and involvement of employers.

Housing Pilot Test

The Health Department, along with its counterparts in Texas, Illinois, Tennessee and Utah, recently participated in the SAMHSA Projects for Assistance in Transition from Homelessness (PATH) Outcome Measures Pilot Test. The program's goal is to provide outreach and engagement services that will enable persons who are homeless and who have serious mental illnesses or co-occurring disorders to find safe, permanent housing. In addition, the project seeks to engage individuals in mental health treatment and substance abuse services to help maintain

stable community living. The program pilot tested the appropriateness and feasibility of outcome indicators to assess the impact of services on the housing and community status of clients served. The feasibility of a national collection of outcome measurement data will be considered, based on the findings of this project. Data in Vermont were collected by service providers at drop-in centers and health care and community action locations throughout the state. Diagnosis, demographic information and housing status were collected and de-identified before submission. The data collection period was from February 12 to March 13, with a three-month follow up report on each client enrolled during that period. Findings are anticipated this summer.

VSH Futures

Department staff are working with Futures Advisory Group members to review draft work plans and materials in preparation for the July 12 meeting of the Mental Health Legislative Oversight Committee. Clinical and program leaders working on developing the community alternative services visited the Brooks 1 and 2 units on Wednesday to review the needs and characteristics of current patients to help inform the program development process.

Intensive Co-Occurring Disorders Treatment Program in Burlington

Since 1998, the intensive program run by Howard Center for Human Services has been successfully providing specialized services for adults who have co-occurring disorders and are involved in the criminal justice system. The program is about to extend its scope of service to include youthful offenders who have co-occurring mental health and substance use disorders. This has been made possible through the local Community Justice Center and a SAMHSA Community Re-entry Grant for Youthful Violent Offenders.

VSH Census

The Vermont State Hospital census was 49 as of midnight Thursday night. The average census for the past 45 days was slightly more than 49.

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